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Bulletin *on Current* *Literature*

**The monthly bibliography for
workers with the handicapped**

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The NATIONAL SOCIETY
for
CRIPPLED CHILDREN and Adults, Inc.
11 SO. LA SALLE ST., CHICAGO 3, ILL.
THE EASTER SEAL AGENCY

HELP CRIPPLED CHILDREN



THE NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, the Easter Seal agency, a nationwide federation of more than 2,000 state and local member societies, provides a variety of needed services in the fields of health, welfare, education, recreation, employment and rehabilitation. Its three-point program is:

EDUCATION of the public, professional workers and parents.

RESEARCH to provide increased knowledge of the causes and prevention of handicapping conditions, and in methods of improved care, education and treatment of the handicapped.

DIRECT SERVICES to the handicapped, including case finding, diagnostic clinics, medical care, physical, occupational, and speech and hearing therapy, treatment and training centers and clinics, special schools and classes, teaching of the home-bound, psychological services, vocational training, curative and sheltered workshops, employment service, camps, recreational services, social services, and provision of braces, appliances and equipment.

1952

ACCIDENTS--PREVENTION

536. Jeancon, Etta C.

Prevention of home accidents to children. Pan. Am. Med. Women's J.
Mar., 1952. 59:3:22-25.

Reviewing statistics on childhood accidents in the home, the author, a member of the staff of the Children's Hospital in California, made a survey of the more severe eye injuries brought to the hospital between 1940-1944. The hospital organized and carried out a program of "Safety for Children." A list of ten "Rules for Parents" was printed and 50,000 were distributed. Interest has grown in the project; the aim is to educate parents to the hazards around the home and to gradually educate the child himself to avoid accidents.

AMERICAN FOUNDATION FOR THE BLIND

537. American Foundation for the Blind

The Foundation--history and activities, certificate of incorporation, by-laws. New York, The Foundation, 1952. 24 p.

A brief history of the Foundation and some of the persons actively engaged in its creation. Activities which cover research, consultation and field service, service to the deaf-blind, to the war-blinded, and all other blind individuals, scholarships and fellowships, professional development, library service, and publications, are mentioned. Included is the certificate of incorporation for the Foundation and its by-laws; through a study of these, many of the purposes and activities of the organization are more fully explained.

Available from the American Foundation for the Blind, 15 West 16th St., New York 11, New York, at 25¢ a copy.

AMPUTATION

See 594.

ART

538. Lowenfeld, Viktor

Psycho-aesthetic implications of the art of the blind. J. Aesthetics and Art Criticism. Sept., 1951. 10:1:1-9. Reprint.

The author discusses art for the blind from two different approaches: 1) What are the specific attributes of the art of the blind? and 2) What psychoaesthetic implications result from it for the world of the normal-sighted? Two creative types described are psychological, in both the blind and the sighted; they exist independently of physiological factors. Three developmental stages observed by the author in working with the blind in sculpturing as well as in painting are: 1) the stage of self-confrontation, 2) of structural discovery, and 3) of variation of structural symbols.

BLIND

See 537;542;587.

BLIND--BIOGRAPHY

539. American Foundation for the Blind

Helen Keller. New York, The Foundation, (1952). 8 p.

A brief biographical sketch of the life of Helen Keller and her teacher, Anne Sullivan, who was her constant friend and companion until the latter's death in 1936. The almost unbelievable accomplishments of Miss Keller who was bereft of sight and hearing in babyhood, her work for the blind, her writing and travels will lead interested persons to read her books, mostly autobiographical.

BLIND--BIOGRAPHY (continued)

Available from the American Foundation for the Blind, 15 West 16th St., New York 11, New York, at 10¢ a copy.

BLIND--PARENT EDUCATION

540. Massachusetts Eye and Ear Infirmary, Boston

Toilet habits; suggestions for training a blind child, by Pauline M. Moor. New York, American Foundation for the Blind, 1952. 8 p.

Previously published in mimeographed form by the Massachusetts Eye and Ear Infirmary, Boston, this pamphlet of helpful suggestions for training the blind child to achieve good toilet habits will be useful to parents facing the problems of the child without sight.

Available from the American Foundation for the Blind, 15 West 16th St., New York 11, New York, at 10¢ a copy.

BRACES

541. Botek, Jean

The role of the physical therapist in bracing. Physical Therapy Rev. May, 1952. 32:5:236-243.

The author correlates information on the primary mechanics and problems of maintenance of braces for the benefit of the physical therapist who not only gives instructions in the use of the brace, but is often asked to assist in taking measurements for braces or check for the correct fit. Outlined are: the purposes of braces, the age factor in evaluating requirements, construction mechanics, principles of bracing, and the responsibilities of the physical therapist in measuring, checking, and teaching care of braces, skin, and clothing.

BRAILLE

542. American Foundation for the Blind

The story of books for the blind, by Louis W. Rodenberg. New York, The Foundation, 1952. 16 p. (Education series no. 2)

A pamphlet covering a brief history of the education of the blind and the evolution of various types of printed systems for books for the blind. The confusion resulting from the use of various systems finally led to the adoption of a uniform braille form. Brief discussions on the reading, writing, and printing of braille conclude the pamphlet.

Available from the American Foundation for the Blind, 15 West 16th St., New York 11, New York, at 20¢ a copy.

BRAIN TUMOR

543. Palmer, Harold D.

Expanding intracranial lesions in childhood, by Harold D. Palmer and Edward S. Murphy. J. Am. Med. Assn. May 17, 1952. 149:3:220-227.

"...a review of 90 case records with histological diagnoses drawn from a 22-year period at the Denver Children's Hospital has demonstrated that it is fallacious, even dangerous, to think of expanding intracranial lesions in childhood solely on the basis of gliomas or other limited tumor categories. The differential diagnosis encompasses a wide field, and the prognosis must always be guarded....The assumed added risk occasioned by ventriculography should be re-evaluated. Such a valuable measure, is, in our experience, less hazardous than exploratory craniotomy. The age incidence, the sex of the patient, and the spinal fluid findings cannot be relied upon for significant aid in determining the location or the histologic type of the lesion. That infratentorial lesions, especially of the glioma group, are commoner than supratentorial lesions has again been borne out, but as is demonstrated in our material there is little justification for leaning resolutely on this as a diagnostic aid."

--Comment.

BURNS--PHYSICAL THERAPY

544. Holland, Emily Johnson

The role of physical therapy in the rehabilitation of burned patients. Physical Therapy Rev. May 1952. 32:5:244-246.

What the physical therapist can and should do in the physical management of orthopedic complications resulting from grafting and restorative procedures for acute burns. In the convalescent stage, the physical therapist must assist in overcoming contractures, especially in the hand, shoulder, hip, and knee. For restoration of function and the prevention of deformities and contractures, early mobilization is important.

CAMP FIRE GIRLS

545. Camp Fire Girls

Services with and for handicapped children. New York, Camp Fire Girls, cl952. 24 p. Mimeo.

"...This booklet suggests only such projects as will help Camp Fire Girls develop the desirable attitudes that are an important factor in the rehabilitation of the handicapped; help them find out more about existing and needed services to the handicapped in their own communities; provide practical channels of service to the physically handicapped, particularly children and young people." Includes suggestions for beginning a group project, activities which can be carried out with hospitalized children, services for and with occupational, physical, and recreational therapists, services for children of other countries. Sources of information are listed, a bibliography for leaders and young members of the organization, and a section on training for junior therapy aides are given.

Available from Camp Fire Girls, Inc., 16 E. 48th St., New York 17, New York, at 25¢ a copy.

CANCER--NURSING CARE

546. Edman, Hulda

Home care of cancer patients: nursing problems. J. Michigan State Med. Soc. Apr., 1952. 51:4:471-476. Reprint.

In many ways the visiting nurse can bring comfort to the cancer patient in the home and to his family; teaching the maintenance of nutritional status, good bedside care, aspects of physical therapy to prevent crippling or restore muscle function, preparing the family for emergencies of hemorrhage, and meeting the many social-medical problems which the family must face are discussed. Several case histories are described, to illustrate how just such problems were met in actual nursing experiences.

CANCER--STUDY UNITS AND COURSES

547. Rector, Frank L.

Cancer education in the schools. J. Michigan State Med. Soc. Apr., 1952. 51:4:455-458.

Reasons for including cancer education in the high school curriculum and the value of such teaching for this age group are explained. An outline of the content of a cancer education program in high schools is suggested; an abbreviated course for junior high school has been successfully carried out in some schools. Interested and qualified teachers in the elementary schools have introduced cancer education with excellent results and in Idaho, such teaching is begun in the third grade. Care should be used, however, in teaching methods, to stress the optimistic and hopeful outlook rather than the tragic and pessimistic side of the picture.

CEREBRAL PALSY

548. South African Med. J. Nov. 10, 1951. 25:45.

Contents: The Pretoria School for Cerebral Palsy, Ben Epstein.-The causes of cerebral palsy, J. G. A. Davel.-Particular psychological.

CEREBRAL PALSY (continued)

implications in assessing the mental ability of the cerebral palsy child, B. F. Nel.-Treatment of infantile cerebral palsy, J. A. Levitt.-Orthopaedic treatment of cerebral spastics, Johan G. Du Toit.

See also 564.

CEREBRAL PALSY--DIAGNOSIS

549. Perlstein, M. A.

Infantile cerebral palsy, classification and clinical correlations. J. Am. Med. Assn. May 3, 1952. 149:1:30-34.

"...The present paper...is limited to a consideration of the classification and specific etiological correlations of the motor symptoms of cerebral palsy as they occur in the infantile forms of the condition...." Classifications are made according to: anatomic site of brain lesion, clinical symptoms, topographical involvement of extremities, degree of muscle tone, severity of involvement. "...Although it is recognized that the above classifications may not be the ultimate or final ones, they have been found useful in eliminating some of the confusions in terminology that exist in the field of cerebral palsy."

CEREBRAL PALSY--MEDICAL TREATMENT

550. Bobath, Karel

A treatment of cerebral palsy based on the analysis of the patient's motor behaviour, by Karel Bobath and Berta Bobath. Brit. J. Physical Medicine. May, 1952. 15:5:107-117.

"The motor behavior of patients suffering from cerebral palsy is described and the underlying typical reflex responses are analyzed. The limitations of existing methods of treatment, which teach movements within the reflex patterns, is reviewed. A method of treatment is put forward, based on the teaching of inhibitory control in a developmental sequence, whereby abnormality of muscle tone is permanently corrected by the breaking up of the typical reflex patterns of posture and movement."--Summary.

CEREBRAL PALSY--PSYCHOLOGICAL TESTS

551. Sievers, Dorothy Jean

Psychometric problems related to cerebral palsy. Albuquerque, N.M., 1950. 100 p. Typed. Unpublished.

In the chapters excerpted from Miss Sievers' thesis, Chapter II deals with methods used in the study; she states, "This is not an experimental study but rather a clinical evaluation to show how psychological tests can be given to people with cerebral palsy and how they can be interpreted. It will attempt to indicate what the values and limitations of the several tests used are. There will be an analysis of the subtests of some of the scales used to find out whether there is any significance in the tests passed or failed. In cases where two tests were given a comparison of results will be made. Finally a correlation of social history data with the test findings will be attempted...." 33 subjects, patients in the Cerebral Palsy Out-patient Clinic, Albuquerque, N. M., from the Cerebral Palsy Day School, Albuquerque, and three contacted through the Speech Dept. of the Univ. of N. Mexico, were tested.

Chapter IV summarizes conclusions drawn from the study and recommendations for testing the cerebral palsied. Suggestions are offered for further research. Bibliography.

CHILD WELFARE--JAPAN

552. Child welfare in Japan. International Child Welfare Rev. 1952. 6:1:5-17.

Describes the development of child welfare in Japan and the post-war situation. Included in the article is the Children's Charter, passed in 1947, which defines goals for child welfare work and outlines the rights of children. The work of the Children's Bureau, the administration of child welfare, and work for maternal and child health and the orthopedically handicapped child are briefly reviewed.

CHILDREN--GROWTH AND DEVELOPMENT

553. Howard, Phillip J.

Premature infants in later life, study of intelligence and personality of 22 premature infants at ages 8 to 19 years, by Phillip J. Howard and Calier H. Worrell. Pediatrics. May, 1952. 9:5, pt. 1:577-584.

"The personality and achievement of premature infants in later life has been studied in a group of 22 unselected infants, born between 1930 and 1942, of birth weights up to 1820 gm. Although this is too small a number for statistical value, the results are pertinent, since thus far there has been but meager investigation of the premature infant's psychologic adjustment. As psychometric examinations are notably more reliable above the age of 8 years this age group was chosen...." A few physical defects were found--malnourishment, dwarfism, obesity, hypothyroidism, congenital absence of tooth buds, scoliosis, and cryptorchidism. Condition of the eyes led to the belief that the eyes of the premature may frequently be defective. A higher than expected incidence of mild mental retardation appears and is due possibly to intracranial hemorrhage. Psychologic interviews and personality tests indicate unsatisfactory or below average personality adjustment in over half the group.

CHRONIC DISEASE--PROGRAMS

554. Merrill, A. P.

Special problems of the aged and chronically ill. Hospitals. June, 1952. 26:6, pt. 1:61-63, 80.

The new public health challenge, care of the aged and chronically ill, poses many problems involving methods of medical and hospital care, economic policies, functions of federal, state and local governments, and the participation of all voluntary health and welfare agencies, private enterprises and institutions. Types of geriatric patients, the chronic disease hospital, other community services and statistical information on the enormity of the problem are discussed. Listed are eight types of programs which should be developed in local communities dealing with chronic disease and the seven groups of persons or agencies responsible for these programs.

DANCING

See 615.

DEAF

555. Lewis, Donald K.

Deafness. Am. J. Nursing. May, 1952. 52:5:575-578.

Comparing the etiology, pathology, and potentiality for treatment of the two general classifications of deafness--conduction (or "bone") and perception (or "nerve"), the writer points out the differences which make up the problem. Causes of congenital deafness and rehabilitation of the pre-school deaf child are discussed as are two surgical procedures--the removal of adenoid tissue and the fenestration operation for otosclerosis, their value and chances for possible success. Appended is a brief article, "If your patient is deaf," listing helpful hints for the nurse.

DEAF--DIRECTORIES

556. American Annals of the Deaf: official organ (of) Conference of Executives of American Schools for the Deaf, Convention of American Instructors of the Deaf. January, 1952. 9:7.

The January issue of the Annals contains the annual directory of American instructors of the deaf, medical school personnel for speech and hearing problems, schools and summer camps for the deaf, periodicals for the deaf and a bibliography of publications on deafness and its related problems, speech and hearing clinics, teacher training centers, religious work with the deaf, organizations of and for the deaf, information on rehabilitation, special education, vocational education, and state departments of education and health having speech and hearing conservation programs.

The directory issue is available at \$2.00 a copy from American Annals of the Deaf, Gallaudet College, Washington 2, D. C.

DEAF--PROGRAMS

557. Sortini, Adam J.

The efficacy of acoustic programs. Volta Rev. May, 1952. 54:5:201-203.

"A survey was made of the available literature to determine which type of Acoustic program is most successful for the hard of hearing individual...." Most Acoustic programs follow the nature of an Aural Rehabilitation program, employing auditory training, speechreading and hearing aids; however, some programs omit speechreading entirely, others omitting it unless the patient has an average loss of 50 decibels or more. While evidence seems to indicate that the Aural Rehabilitation program utilizing all three types of training, is most satisfactory, improvement can also be effected omitting speechreading and hearing aids. The type of training best suited to the individual and his needs is one most beneficial, and as long as improvement is brought about, whatever method is successful is the one to employ."

"A paper presented before the New England Speech Association at its convention in Boston, Nov. 23-24, 1951. Mr. Sortini is Director of the Hearing Clinic at the Children's Medical Center, Children's Hospital, Boston, Mass."

EMPLOYMENT

See 606.

EMPLOYMENT--BIBLIOGRAPHY

558. National Society for Crippled Children and Adults

Employment of the physically handicapped, a checklist of publications in print, compiled by the Library. Chicago, The Society, 1952. Mimeo. 5 p.

A recently compiled bibliography, listing books, pamphlets and reprints, bibliographies, and periodicals concerned with the problems relating to the employment of the handicapped with brief annotations, price of publications and where they may be obtained.

Available from the Library of the Society. Free.

EPILEPSY--EMPLOYMENT

559. Berman, Irving L.

Employability of epileptics. Med. Annals District of Columbia. Dec., 1951. 20:12:658-659. Reprint.

Several case histories cited by the writer, medical director at the U. S. Government Printing Office, bear out the contention that epileptics are employable on the same basis as other handicapped persons, providing their seizures are controlled adequately. It is essential that job placement takes into account their need for nonhazardous work. The work

EPILEPSY--EMPLOYMENT (continued)

record of epileptics employed at the Printing Office reveal that none caused or was involved in lost time injury because of his illness, all had satisfactory production records, and in only one case was there a reduction of salary due to reassignment.

EPILEPSY--HISTORY

560. Courville, Cyrill B.

Epilepsy in mythology, legend and folk tale. Bul. Los Angeles Neurological Society. June, 1951. 16:2:213-224. Reprint.

The author makes a brief survey of the history of epilepsy as noted in mythology and folklore; he finds references to convulsions in mythology which attempt to explain how man came to be afflicted with the disease. From folklore, there is no attempt to explain convulsions but often the association of the seizure with other features of the stories suggests its possible etiology. Such stories do demonstrate, though, that epileptics were found in all times and races.

EPILEPSY--MEDICAL TREATMENT

561. Michael, Nicholas

The treatment of epilepsy--(a report on the results of the treatment of fifty-one students attending Ohio State University). Ohio State Med. J. Jan., 1952. 48:1:42-43. Reprint.

The writer, associate professor of psychiatry and assistant (clinical) professor of neurologia at Ohio State University, also head of the department of neurology and psychiatry at White Cross Hospital, Columbus, Ohio, reports on fifty-one students suffering from epilepsy who were treated at the Student Health Service of the University. With proper medication and psychotherapy, the great majority of epileptics can be kept free of seizures, he feels. It is his belief that psychotherapy is a valuable adjunct in the treatment of epilepsy. He describes treatment and a prescribed list of rules for conduct for aiding in the control of the disease.

Available in reprint form from the Ohio Society for Crippled Children, 5 W. Broad St., Columbus 15, Ohio.

562. Staley, Robert W.

Epilepsy. Pennsylvania Med. J. May, 1952. 55:5:433-437.

In this paper read before the Section on Medicine at the One Hundred First Annual Session of the Medical Society of the State of Pennsylvania, the writer presents some of the cardinal points in a current evaluation of epilepsy stressing important contributions made in recent years as noted by a clinical neuropsychiatrist. Incidence of the disease, seizure patterns, etiology and diagnostic aids, and therapy for the idiopathic type of epilepsy are discussed briefly.

EPILEPSY--MENTAL HYGIENE

563. Krug, Othilda

Intensive residential treatment of a nine-year old girl with an aggressive behavior disorder, petit mal epilepsy and enuresis, by Othilda Krug, Helen Hayward and Bernice Crumpacker. Am. J. Orthopsychiatry. Apr., 1952. 22:2:405-427.

Detailed case history of a child, suffering petit mal epilepsy and enuresis, who was treated in the Child Guidance Home, Cincinnati, Ohio for twenty-five months. The treatment plan included weekly casework interviews with the foster mother and a corrective living program for the child. "...In presenting this material as correlated with her experience in residence, it is obviously necessary to summarize broad trends, giving examples of some detailed material during several periods of her treatment. An attempt will be made to show the integration

EPILEPSY--MENTAL HYGIENE (continued)

of the individual psychotherapy, the corrective residential experience, and the casework with the foster mother...."

ETIQUET

564. Ward, Moira M.

Etiquette for the cerebral palsied child. Cerebral Palsy Rev. May, 1952. 13:5:3-4, 11-13.

Instruction and practice in etiquet is doubly important for the cerebral palsied child in order to give added self-confidence and to make him acceptable socially. Too often, the author feels, the handicapped child is excused from performing the courtesies of everyday living because of his disability. Often acceptable table techniques are not acquired because of the parents' or teacher's neglect of this aspect of training. Several suggestions on the teaching of etiquette to the cerebral palsied are made.

FACIAL PARALYSIS

565. Bierman, William

Diagnosis and treatment of Bell's palsy. J. Am. Med. Assn. May 17, 1952. 149:3:253-258.

"Clinical and laboratory evidence is presented to indicate that it is possible to influence the course of Bell's palsy. This influence is exerted on tissue altered by damage to its motor nerve supply. It is important to apply treatment immediately. The rationale for the indicated therapeutic procedures is based on an understanding of the pathological nature of the disease and of its symptoms as determined by clinical and instrumental criteria. The measures recommended for the care of Bell's palsy include immobilization, heat, electric and reflex stimulation, and exercise. Attention is called to the sequelae of Bell's palsy."--Summary.

FOOT

566. Bush, Leonard F.

Congenital deformities of the feet, by Leonard F. Bush and Willard H. Love. GP (General Practitioner). Apr., 1952. 5:4:65-69. Reprint.

"Many congenital deformities of the feet are not diagnosed until the child begins to walk. This is unfortunate because the earlier corrective treatment is started, the sooner a good result is obtained. In most instances the deformities which interfere with posture and gait are correctible by relatively simple methods, but these methods must be diligently applied....The purpose of this paper is to discuss the common deformities with regard to early diagnosis, types of treatment, and prognosis...."

HANDICAPPED

567. Miers, Earl Schenck

The right to be different. Exceptional Children. May, 1952. 18:8:225-228.

An address delivered at the 28th Annual Convention of the Michigan Society for Crippled Children and Adults, Inc. The writer, cerebral palsied himself, states that the real problem of the handicapped is self-rejection. Harmful attitudes acquired by the handicapped child result too often from the attitudes of persons around them. "Always let these children know that you need them as they need you. In this common destiny you are inseparable partners, under God."

HANDICAPPED--BIOGRAPHY

See 616.

HANDICAPPED--EQUIPMENT

See 590.

HANDICAPPED--PROGRAMS

568. Bishop, B. W. Franklin

The crippled child: socio-economic aspects. South African Med. J. Nov. 10, 1951. 25:45:827-830.

The writer suggests a positive approach to the problems of care and treatment of the crippled child, including a diagrammatic plan illustrating the functions of the various members of the "team"--the federal and local governments, public health agencies, social workers and society as a whole. He sketches the background, socially and financially, of the "problem" family from which so many of the handicapped come, and gives some ways in which the needs of the handicapped child may be met.

HANDICAPPED--PROGRAMS--DENMARK

569. Denmark. Central Federation of Danish Sick Funds

The care of cripples in Denmark. Bul. International Social Security Assn. Sept. 1951. 4:9:315-320. Reprint.

An outline of the plan for systematic care of the crippled in Denmark, how it obtains funds, and changed finally, through the passing of a Social Welfare Act, from private, charitable organization to State Control. The scope of the work of the Society and Home for Cripples is described; facilities for general and vocational education are provided. Rehabilitation of the crippled is emphasized and the plan is financed by the funds of the disablement insurance scheme, sick clubs, as well as by Government and local authorities.

HANDICAPPED--SURVEYS

See 571.

HANDICRAFTS

570. Brenn, Mabel A.

Arts and crafts in an educational program for handicapped children. Exceptional Children. May, 1952. 18:8:234-235, 238.

"Are we using arts and crafts as richly as we might for our handicapped children?" is the question asked by the writer who is assistant professor of special education at San Francisco State College. Through the proper use of handicrafts, the handicapped can release natural tensions and inhibitions, learn to share with others, achieve success in creating, and while it is not considered the main purpose of handicrafts, gain economic independence.

HEALTH SERVICES--SURVEYS

571. U. S. Public Health Service

Hagerstown health studies; an annotated bibliography by Violet B. Turner. Washington, D. C., Govt. Print. Off., 1952. 38 p.

The community approach to the study of the incidence and prevalence of illness led to the Hagerstown studies; for over thirty years, long-term investigation of illness has been carried on at Hagerstown, Md., a public health research center. Health and other relevant data on a sample survey of families provided information on parents and even grandparents of the present generation. This bibliography, containing data on the Hagerstown studies, has brief annotations on source and content of publications. Issued to provide a comprehensive guide for those wishing to start similar studies in other communities, it should be of value as a source of material with which to compare findings of current investigations. Citations are classified in seven main sections; the sequence is alphabetical by author.

Available from U. S. Superintendent of Documents, Washington 25, D. C., at 20¢ a copy.

HEART DISEASE--EMPLOYMENT

572. Massee, Joseph C.

Vocational rehabilitation of cardiac patients. J. Med. Assn. Georgia. Jan., 1952. 41:1:7-9. Reprint.

This paper presents a review of the progress made by various state, voluntary, industrial, and national health agencies toward an adequate program of rehabilitation for the cardiac in industry. Possibly changes should be made in legislation, in compensation laws, for the equitable management of cardiac cases. Research is essential to a well rounded program; some advances have been made through such work as has been done by the Bellevue Work Classification Clinic and that organized by the Cleveland Heart Society. Experiments carried out in the Altro Workshops have demonstrated suitable types of employment for cardiac cases; a study conducted at the Eastman Kodak works proved that a high percentage of those with cardiac infarctions can be returned to work--some for a considerable period of time. Employment is frequently a most important part of treatment for disability from both a physical and psychic standpoint.

HEART DISEASE--MEDICAL TREATMENT

573. Newman, Louis B.

Physical medicine and rehabilitation in acute myocardial infarction, by Louis B. Newman (and others). Archives Internal Medicine. Apr., 1952 89:4:552-561.

A program for patients suffering from myocardial infarction, initiated at Veterans Administration Hospital, Hines, Ill., is outlined in detail. "...It involves the coordination of psychotherapeutic and physical and occupational therapeutic activities. It is felt that such a program makes for much better physician-patient relationship, decreases the tendency to anxiety, and prevents general physical deconditioning of the patient. Ambulation is accomplished with less physiological disturbance and apprehension, and strength and endurance are recovered more rapidly... the incidence of anxiety neurosis following recovery from acute myocardial infarction is much less....--Conclusions."

"From June 1, 1948, to March 1, 1952, a total of 527 patients, ranging in age from 27 to 75 years....received physical medicine and rehabilitation."

HEART DISEASE--STATISTICS

574. Maresh, George J.

The methodology of Colorado's case-finding program for childhood heart disease, by George J. Maresh, H. J. Dodge, and John A. Lichty. J. School Health. May, 1952. 22:5:125-131.

Methods employed in the statewide survey in Colorado to study the prevalence of childhood heart disease are described. Methods of sampling, of testing procedures, the variations in conducting examinations in rural and urban areas, the problems of absenteeism, of parents' refusal to allow their children to submit to examination--these are some of the problems involved in making a statistical study. The writers who conducted the study feel that it could serve as a pilot study for future attempts at control of types of heart disease commonly seen in children.

HEMIPLEGIA

575. Rusk, Howard A.

Hemiplegia and rehabilitation, by Howard A. Rusk (and others). West Point, Pa., Sharp & Dohme (1952). 23 p., illus.

A monograph combining an article on vascular diseases of the central nervous system, their etiology, pathogenesis, symptoms and signs, differential diagnosis, prognosis and treatment of the acute phase, with an article on the rehabilitation of the hemiplegic and the treatment of

HEMIPLEGIA (continued)

residual defects. A dynamic rehabilitation program is outlined with methods of retraining described.

"...This monograph was made possible through a grant-in-aid from Sharp & Dohme and contains material...which appeared in Seminar, Jan.-Feb., 1952. Requests for additional copies may be addressed to Professional Service Dept., Sharp & Dohme, West Point, Pennsylvania, or Howard A. Rusk, M.D., Director, Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center, 400 E. 34th St., New York 16, N.Y."

HOSPITAL SCHOOLS--EQUIPMENT

576. Dry, Lee O.

A school-to-hospital "telephone" service. Hospitals. June, 1952. 26:6, pt. 1:52-54.

The writer, superintendent of the Elks Aidmore Convalescent Home for Children in Atlanta, Ga., describes two-way communication between the schools and hospitalized children which enables them to continue their schoolwork while hospitalized. Through installations by Bell Telephone, both the shut-in and the students in the classroom are benefitted. The equipment used in such a system is described.

HOSPITAL SCHOOLS--MASSACHUSETTS

577. Brayton, Margaret R.

The Massachusetts Hospital School. Exceptional Children. May, 1952. 18:8:229-233.

A short description of the Massachusetts Hospital School, located outside of Boston, and its facilities for the orthopedically handicapped child. In this one institution are combined expert medical and surgical care with a complete educational, vocational, and rehabilitation program.

HOSPITALS--PERSONNEL

See 617.

MENTAL DEFECTIVES--DIAGNOSIS

578. Bucklew, John

Organismic versus cerebral localization of biological defects in feeble-mindedness, by John Bucklew and A. J. Hafner. J. Psychology. 1951. 32: 60-78. Reprint.

The writer reviews the literature on feeble-mindedness as it is associated with brain defects, especially defects of cortical tissue, to determine the factual basis for localizing feeble-mindedness in cerebral defect. Two distinct hypotheses are kept in mind: "...a) feeble-mindedness is primarily a matter of cerebral dysfunction; and b) feeble-mindedness is a matter of general organismic dysfunction. It is our thesis that the evidence used to support the first conception is convincing only to those who already think in terms of a brain-intelligence correlation. If however, we adopt the second hypothesis--that intelligent action is a function of the unified organism, and not uniquely of neural tissues--the limitations and bias of the cerebral localization evidence becomes readily apparent...." He observes that many feeble-minded persons, especially the less severe ones, have no discernable organic deficiency or anomaly, indicating the necessity for considering the concrete circumstances of personal development to account for the beginnings of retardation.

MENTAL DEFECTIVES--MEDICAL TREATMENT

579. Sharp, Heber C.

Glutamic-acid feeding. Exceptional Children. May, 1952. 18:8:230-233.

Conflicting evidence in experimental results with glutamic acid feeding for mental deficiency, as seen in a brief review of the literature, suggests possible sources of error in the multiplicity of variables. The writer feels additional experimentation is needed to clear up the confusion before glutamic acid feeding, as a possible aid to the mentally handicapped child, is discarded.

MENTAL DEFECTIVES--PROGRAMS

580. Dayton, Neil A.

Social care and rehabilitation of the mentally defective child, by Neil A. Dayton and Harriet M. Dearden. Connecticut State Med. J. Sept., 1951. 15:9:823-829. Reprint.

"This paper has presented a general discussion of social work in connection with the problems of mental retardation...."--Summary. Discussed are precommitment investigations and supervision of children under consideration for admission to a State Training School, the place of parent organizations in bringing about a better understanding of the retarded child, home training and how the parents can assist in the program, community supervision of referred cases, community placement of youngsters who have completed a training course in the training schools, and the necessity of social service work in the field of mental retardation in interpreting the problems of the child to the parents and community.

MENTAL DEFECTIVES--SPECIAL EDUCATION

See 588.

MENTAL DISEASE

581. National Association for Mental Health

Facts and figures about mental illness and other personality disturbances. New York, The Assn., 1952. 9 p.

Facts and figures presented for the use of those "...who have occasion to interpret to the public the facts about mental health and mental illness in the United States...." This is not a comprehensive report on all the facts, providing refined figures or bibliographies for statistical studies, but rather to supply information on the situation as it is today. Although data may be two or three years old, it was chosen as the most reliable and authentic. The fact sheet deals with the mentally ill, the psychoneurotic and those with personality disorders, and the mentally deficient.

Distributed by the National Association for Mental Health, 1790 Broadway, New York 19, New York.

MONGOLISM

582. Benda, Clemens E..

What is mongolism? (Congenital acromicria). International Record of Med. Feb., 1952. 165:2:75-91. Reprint.

A comparative study of the development of the human skull during the prenatal period and the development of the mongoloid skull. Anatomical and radiologic evidence points to a congenital "acromicria." Growth deficiency seen in mongolism is not limited to the cranium but involves the whole skeleton. Temporary suspension of development during the neonatal period, producing the characteristic features of mongolism, results in deficiency of central growth regulation. Possible treatment of the mongoloid child, to have any degree of success, must be started at the earliest possible date after birth; therapeutic efforts to influence the mongoloid appearance have been unsuccessful previously because of treatment started too late, carried over too short a time, and inadequate therapeutic agents for influencing growth were used. The present study reports on observations made with the application of a new pituitary hormone, collected from immature animals. The study was carried out over five years, with 50 patients, controlled by x-ray studies at regular intervals. Two cases histories are cited. As for mental development, evidence does not support the theory that thyroid and pituitary directly influence maturation of the brain. Experimental treatment cannot influence severe congenital malformations associated with this disease, and should therefore only be attempted in cases where the newborn is relatively well developed.

MULTIPLE SCLEROSIS

583. Jonez, Hinton D.

Multiple sclerosis.. Postgraduate Medicine. May, 1952. 11:5:229-248. Reprint.

The writer, who is medical director of the Multiple Sclerosis Clinic, St. Joseph Hospital, Tacoma, Wash., reviews the etiology and symptoms, various treatment procedures and the value of psychotherapy, physical therapy, muscle relaxation, and activity in the management of multiple sclerosis. Statistics are given on 1500 patients treated on a private patient basis, and in the concluding comments, he states that treatment does not cure but does arrest symptoms in a great many cases. Bibliography. (See item #619.)

MULTIPLE SCLEROSIS--ETIOLOGY

584. Steiner, Gabriel

Environmental studies in multiple sclerosis. Neurology. May-June, 1952. 2:3:260-262.

"...The present environmental studies are limited to the state of Michigan. Five hundred cases were collected. About one-third came from the Multiple Sclerosis Center, in Detroit Memorial Hospital. The other two-thirds were submitted by physicians who were asked about cases under their care during the last five years....Over 70 percent of the cases were diagnosed at one time or another in one or more reliable neurologic departments...." Results were the same in both groups reporting. "...Recent mortality and morbidity statistics show that there is a definite geographic difference in the occurrence of this disease...." Findings revealed differences in various regions of the state, the presence of intrafamilial cases, belief that an environmental extrahuman source may be responsible for infection, and dogs and cats may be suspected as reservoirs of the agent.

MULTIPLE SCLEROSIS--MEDICAL TREATMENT

585. Alexander, Leo

New concept of critical steps in course of chronic debilitating neurologic disease in evaluation of therapeutic response. Archives Neurology and Psychiatry. Sept., 1951. 66:3:253-271. Reprint.

"This paper presents a scoring method for the quantitative evaluation of neurologic involvement and disability based on continuing reexaminations of 212 multiple-sclerosis patients at frequent regular intervals over a three year period. The scoring system is based on 50 individual variables derived from the neurologic examination and scored according to the presence or the degree of abnormality found, allowing a choice of some 100 different scores. The sum of these individual scores, the total examination scores, is considered representative of each particular examination and has been found to correlate well with the over-all clinical status of the patient....Such a quantitative method permits objective evaluation of the course of the disease in time with or without therapy both in individuals and in groups....(it) is an important aid in the realistic evaluation of the effects and limits of various forms of therapy." --Summary.

"...The present study is based on the clinic population of the Boston Multiple Sclerosis Research Clinic, which is part of the neurobiologic unit of the Boston State Hospital....(It) is based on the examinations and reexaminations quantitatively scored according to the weighting system finally evolved...."

NEUROLOGY

586. Adson, Alfred W.

Neurological conditions of the brain and spinal cord. GP (General Practitioner). Apr., 1952. 5:4:45-54. Reprint.

NEUROLOGY (continued)

A review of the conditions of the brain and spinal cord that are amenable to surgical treatment. Conditions are divided into four groups: 1) neuralgias and painful neuritides, 2) tumors of the brain, 3) intra-spinal tumors and protruded intervertebral disks, and 4) inflammatory lesions, such as osteomyelitis of the skull, brain abscess, and extradural spinal abscess. "...A bibliography accompanying this article is available upon request from the Editorial Office of GP."

NURSERY SCHOOLS

587. **Moor, Pauline M.**

A blind child, too, can go to nursery school. New York, American Foundation for the Blind, 1952. 15 p. (Preschool series, no. 1)

A pamphlet helpful for parents of blind children and for nursery school teachers explaining the blind child's need for group experience and how he may be included in a group of normal seeing children. Questions asked by teachers concerning the safety of the blind child in the school situation, the ability of the school to handle the day to day problems, and the reaction of the group to the child without sight are discussed. What may be expected in the way of performance and participation in activities from such a child, techniques used by teachers and standards of readiness for the experience are outlined for guidance of teachers and parents.

Available from the American Foundation for the Blind, 15 West 16th St., New York 11, New York, at 20¢ a copy.

588. **Sloan, William**

The pre-school class at the Lincoln State School and Colony. Am. J. Mental Deficiency. Apr., 1952. 56:4:755-764. Reprint.

"...This is essentially a report on the nature of the class itself and some of the findings. The emphasis here is not upon experimental, quantitative procedure, but rather a preliminary report citing some more or less subjective material from case studies intending to illustrate perhaps, some of the approaches which might be useful in future experimental work in this area...." Four abbreviated case studies illustrating varying degrees of success in the program are given. The Lincoln State School is located at Lincoln, Ill., and is a public mental hospital.

OLD AGE--MEDICAL TREATMENT

589. **Scheele, Leonard A.**

General practice in an aging population. GP (General Practitioner). May, 1952. 5:5:93-99.

"...The general practitioner must be equipped to provide a large share of the mental and spiritual food--especially in the care of his inevitably larger group of middle-aged and elderly patients. Thus if he is to recognize the social problems of disease, if he is to know where to turn, whom to summon for assistance, he must have a broad foundation in the social sciences...." The author, Surgeon General, U. S. Public Health Service, discusses the problems of the aging, their employment possibilities, the part the modern family doctor must play in prescribing a healthful way of life for the aging, the problem of chronic disease in the aging, health maintenance and rehabilitation. Since the general practitioner is in the position of having the opportunity to be the first to detect changing health problems, he is the key person in the promotion of individual, family, and national health.

PARALYSIS

590. **Bennett, Robert L.**

Care of severely paralyzed upper extremities, by Robert L. Bennett and Hazel Royall Stephens. J. Am. Med. Assn. May 10, 1952. 149:2:105-109.

PARALYSIS (continued)

"...The purpose of this paper is to outline methods of care for the patient with severe flaccid paralysis of the upper extremities and to discuss ways of increasing functional capacity through use of adaptive apparatus...." Illustrated are an opponens splint, lapboard and overhead sling attachment for wheel chair, a suspension feeder for use with overhead sling, a glass holder, feeder mounted on a stand, swivel fork, and holder for telephone receiver. Only those patients with the most severely involved upper extremities are discussed here.

See also 598.

PARALYSIS AGITANS--MEDICAL TREATMENT

591. Barcroft, Henry

Action of adrenaline and noradrenaline on the tremor in Parkinson's disease, by Henry Barcroft, Elizabeth Peterson and Robert S. Schwab. Neurology. Mar.-Apr., 1952. 2:2:154-160. Reprint.

"...The purpose of this paper is to describe the effects of intravenous administration of both adrenaline and noradrenaline (Arterenol) on the tremor of Parkinson's disease....Results of 14 experiments, each on different subjects, show that there was definite visible increase in parkinsonian movements in nine patients during the adrenaline infusionresults of eight experiments on seven subjects demonstrate that in no case was there any significant increase in parkinsonian movements (action of noradrenaline after withdrawal of medication)....the effect of adrenaline on the tremor was much reduced when the patients were being treated with the so-called antispasmodic drugs...(but) the reason...is unknown."

PARAPLEGIA

592. Boshes, Benjamin

Sensory return in partial and recovery spinal cord lesions, by Benjamin Boshes, Meyer Brown and Richard L. Crouch. Neurology. Mar.-Apr., 1952. 2:2:81-95.

Beginning with a brief review of the literature, the writers then present statistics gathered from observation of 378 patients with injuries of the spinal cord and cauda equina hospitalized at Veterans Administration Hospital, Hines, Ill. "...The studies were directed at the problems: (1) whether there is a pattern of sensory restitution in partial or recovering lesions of the spinal cord; (2) the amount of dissociation of various sensory modalities in both the original loss and in return of function, (3) whether there is any evidence for the philosophy of a two-system old or vital and new or gnostic type of sensory pathway, (4) whether the time of beginning return is significant in prognosing the amount of return of function...." Charts representative of the variable patterns of recovery are given.

593. Pollock, Lewis J.

Spasticity, pseudospontaneous spasms, and other reflex activities late after injury to the spinal cord, by Lewis J. Pollock (and others). Archives Neurology and Psychiatry. Nov., 1951. 66:5:537-560. Reprint.

Studies begun in 1946 at the United States Veterans Hospital, Hines, Ill., and continued to the present time, for the purpose of observing reflex activity of the distal segment of a transected or severely injured spinal cord constitute the basis of this report. Analyses of data obtained continuously are made; about 300 veterans suffering from injuries to the spinal cord and cauda equina are in constant residence at Hines.

PARAPLEGIA--MEDICAL TREATMENT

594. Choh-Luh, Li

Observations on phantom limb in a paraplegic patient, by Li Choh-Luh and Arthur R. Elvidge. J. Neurosurgery. Sept., 1951. 8:5:524-527. Reprint.

PARAPLEGIA--MEDICAL TREATMENT(continued)

"1. A case is reported in which disarticulation of the left leg at the knee was performed 8 days after the patient had been rendered paraplegic by a spinal injury. Phantom limb developed 4 days after amputation.

2. Attempts to detect the pathways of the afferent impulses from the phantom limb and to change its character included: 1) left lumbar sympathetic block; 2) spinal anesthesia with novocaine; 3) complete sympathetic block (bilateral lumbar and bilateral stellate ganglion) plus re-placement of the subarachnoid fluid with nupercaine below the site of the injury; 4) injection of hypertonic saline into the interspinous ligaments above and below the level of the lesion; 5) peripheral faradic stimulation and electroencephalographic recording; 6) spinal exploration under general anesthesia.

3. Except for the first spinal subarachnoid novocaine anesthesia following a left lumbar paravertebral sympathetic block, none of the above procedures gave any relief."--Summary.

595. Freeman, L. W.

Treatment of acute spinal cord injury. GP (General Practitioner). May, 1952. 5:5:57-65.

Treatment of patients with acute spinal cord injury is outlined for the general practitioner. Methods of transportation for accident victims, handling on admission to the hospital, procedures for operation, for nursing care, for complications of a physical or psychological nature, and for rehabilitation are discussed.

PARAPLEGIA--PSYCHOLOGICAL TESTS

596. Dorken, Herbert, Jr.

Personality factors associated with paraplegia and prolonged hospitalization: a clinical note. Canadian J. Psychology. Sept., 1951. 5:3: 134-137. Reprint.

"...To determine what personality change occurred following disability, the Rorschach and the Goodenough "Draw-a-Man" tests were administered to a group of 22 paraplegic patients hospitalized and undergoing treatment at St. Anne's Military Hospital (Quebec). A control group was utilized in an attempt to allow for, or discount, the effects of prolonged hospitalization....All cases were male veterans of middle age (range 20-38)found to be of average I.Q., with the exception of 5 in each group, who were of superior intelligence...." Fifty per cent of the experimental group showed signs of psychopathology; none in the control group exhibited, through this test, any signs. Other traits of psychopathological nature found among the paraplegics were inhibition, conflict, anxiety, rigidity, and immaturity of thought.

PARENT EDUCATION

597. Health Publications Institute

Education for responsible parenthood. Raleigh, N.C., The Institute, c1950. 80 p.

"Originally developed in Mississippi, interest in "ERP" has spread to all parts of the country and with it the demand for this printed manual. (Details of the development of this program in Mississippi are available in the article, 'Education for Responsible Parenthood in Mississippi,' J. Soc. Hygiene, Oct., 1946. 32:7.) Based on the original mimeographed version it contains the ideas and techniques which have been developed in the field during the last seven years by those who have led the courses so successfully. Included are the popular suggestions for organizing study groups, discussion guides, background readings, charts and quiz sheets. Illustrated."

Available from Health Publications Institute, 216 N. Dawson St., Raleigh, N. C., at 75¢ a copy.

PHYSICAL EDUCATION

See 620.

PHYSICAL EFFICIENCY

See 585.

PHYSICAL MEDICINE--EQUIPMENT

598. Shields, Charles D.

Use of functional devices for disabilities of the upper extremity, report of a case, by Charles D. Shields and E. M. Smith. J. Am. Med. Assn. May 10, 1952. 149:2:139-141.

"The use of functional devices in the management of soft tissue disabilities in the upper extremity is discussed in general terms. A case is reported to demonstrate the use of a particular device in the management of a patient with both soft tissue and bone damage in a shoulder segment...." Duties and responsibilities of the physician include the evaluation of muscle weakness, tightness and deformity, and the prescription of a device or technique for correction. The brace mechanic should be able to produce a functional device which will accomplish the purpose for which the physician prescribed it and it should be fitted to the individual patient. Any condition that impairs the function of the upper extremity should be evaluated to determine the advisability of a functional device.

PHYSICAL THERAPY--LEGISLATION

599. State registration of physical therapists. Physical Therapy Rev. May, 1952. 32:5:256-261.

Abstracts of pertinent sections of state laws regarding the registration of physical therapists. Fifteen states plus the Territory of Hawaii now have such legislation and in six additional states, similar legislation is under active consideration.

PLAY THERAPY

See 621.

PSYCHOLOGICAL TESTS

600. Starr, Anna Spiesman

The Rutgers drawing test. Training School Bul. May, 1952. 49:3:45-64.

"The Rutgers Drawing Test has been presented with norms for use in the study and examination of young children. While such norms are expressed in terms of the age at which average children are found able to copy the series of geometric figures, the value of the test is not limited to such scores. It has particular value in revealing types of reaction indicative of personality characteristics."--Summary. In the Appendix a facsimile of the test protocol and a series of scoring samples for each figure are given.

READING

601. The Instructor

What is the answer to this reading problem? A symposium of replies to one teacher's earnest plea for advice on ways to help her pupil read. Dansville, N. Y., F. A. Owen (1952). 24 p.

A selection of letters written in response to a teacher of a twelve year old boy who had difficulty in learning to read and articulate words. Resumes of the original letter and the three prize winning letters as well as quotations from many others received are given, with a bibliography of books and tests to which contestants referred in their letters. "...the booklet does not attempt to cover all possible ways of helping even this particular boy...and does not pretend to cover the subject of reading in

READING (continued)

general....it should be of interest to all educators as an indication of how classroom teachers, remedial reading teachers, and teachers of slow learners, as well as supervisors, principals, and others in positions of leadership, react to a child's reading problem...."

Available from Dept. S. L., The Instructor, Dansville, N.Y., at 10¢ a copy.

REHABILITATION

602. Schwartz, Ferdinand F.

Care of the handicapped. Pan Am. Med. Woman's J. Mar., 1952. 59:3: 8-10, 37.

The writer sums up the problem of the handicapped, what can be done for them through rehabilitation, physical therapy, occupational therapy, and vocational guidance. In discussing the cerebral palsy problem, he defines the five types and the different approach the management of each requires. The program used in treating and rehabilitating cerebral palsied children at the Charlanne School in Birmingham, Ala., is cited as an example of what can be accomplished.

REHABILITATION--BIBLIOGRAPHY

603. Graham, Earl C.

Sources of information on rehabilitation. Wilson Library Bul. Apr., 1952. 26:8:672-674. Reprint.

A checklist, by the Librarian of the National Society for Crippled Children and Adults, of the various national voluntary health and welfare agencies serving the handicapped. The names and subscription rates of their official periodical publications are included. The addresses of federal and state agencies serving the handicapped are also listed. A brief list of pamphlets and reprints of these agencies indicates the types of educational literature distributed by them.

Single copies free from the Library of the National Society.

REHABILITATION--PERSONNEL

604. Cruickshank, William M.

Team action with exceptional children. Exceptional Children. May, 1952. 18:8:242-244.

The interdependence of special areas of training and treatment is nowhere more apparent than in the total planning for the exceptional child. Consistency in viewpoint on the part of every member of the team is necessary if the psychological barrier to learning and adjustment is to be overcome by the exceptional child.

REHABILITATION--SURVEYS--MISSOURI

605. Missouri. Social Planning Council, St. Louis.

Community resources for rehabilitation of the disabled in St. Louis and St. Louis County. St. Louis, The Council, 1952. 17 p. Mimeo.

Information on rehabilitation services available in St. Louis and St. Louis County was obtained through a questionnaire sent to hospitals and community agencies and indicates the extent of the problem by applying national percentage estimates for each disability group to the present population of the area surveyed. General information from the questionnaires is supplemented by information prepared by a committee of the Jewish Federation on 44 cases receiving services from one or more member agencies of the Federation. Reports on studies made in other communities are reviewed and rehabilitation centers in other communities provided additional facts on cooperative efforts of a number of agencies. Statistics are tabulated and recommendations made for more adequate services to meet existing needs. Recommendations include plans for a rehabilitation center and improvement of vocational services for the handicapped.

REHABILITATION--SURVEYS--MISSOURI (continued)

Distributed by Health and Hospital Division, Social Planning Council,
505 N. 7th St., St. Louis 1, Missouri, at \$1.00 a copy.

REHABILITATION--SURVEYS--PENNSYLVANIA

606. Harris, Anna F.

A citizens' committee aids placement of the handicapped. Employment Security Rev. May, 1952. 15:5:19-21.

A Citizens' Committee on Survey of Handicapped Workers, under the auspices of the Health and Welfare Federation of Allegheny County, Pennsylvania, initiated a three-fold program to analyze handicapped applicants currently registered with the four cooperating agencies (Penn. State Employment Service, Veterans Administration, State Bureau of Rehabilitation, and Sheltered Workshops), to screen, examine, and interview these applicants, and to place and follow-up applicants immediately employable. Data on the completed first phase of the program is briefly highlighted. The work of the Committee has served as a pilot experimental project which has taken advantage of the voluntary interest of individuals in the community.

SCHOOL HYGIENE

607. American Medical Association

Physicians and schools, edited by Donald A. Dukelow (and) Fred V. Hein. Chicago, The Assn., 1952. 71 p.

Report of the Third National Conference on Physicians and Schools, Nov., 1951, Highland Park, Ill. Participants represented state medical associations, state departments of education and health, official and voluntary national health agencies; consultants were drawn from the professions of medicine, education, and public health. Purposes of the Conference were to evaluate progress in school health services since the previous Conference in 1949, to formulate policies promoting the best kind of health services for growing children, to develop methods of joint action at state and local levels, and to evaluate technics for effective administration of health services. Group reports, conclusions and recommendations are presented. Participants are listed.

Distributed by the American Medical Association, 535 N. Dearborn St., Chicago 10, Illinois.

SOCIAL SERVICE--CASEWORK--BIBLIOGRAPHY

See 612.

SOCIAL SERVICE--PERSONNEL

608. U. S. Women's Bureau

The outlook for women in social work; general summary. Washington, D. C., Govt. Print. Off., 1952. 93 p. illus. (Bul. of the Women's Bur., No. 235-8. Social work series)

This report, the eighth and final bulletin in a series on the need for women in the social services, describes the outlook for women in the entire field of social work, compares the specialization within the field, and in some instances shows the relation of social work to other professions of women. Rather than describing the various types of occupation within social service, it is concerned with changes and trends, discussing types of employment, supply of and demand for social workers, organizations, opportunities for specialization, for the older, for married, and for handicapped workers. A chapter on counseling for preparation for a career in social work concludes the pamphlet. Appendices list educational and experience requirements for social work in the Federal Government.

Available from U. S. Superintendent of Documents, Washington 25, D. C., at 30¢ a copy.

SPECIAL EDUCATION--INSTITUTIONS--TEXAS

609. Austin demonstration center is community project. Texas Outlook.

May, 1952. 36:5:16-19.

Casis Elementary School in Austin, Texas, is a joint project of the Austin public schools and the University of Texas; it serves not only as a demonstration center for elementary education but also provides a unit for handicapped children. This is a descriptive article of the physical plant (floor plans for the school are illustrated), the education program, and the school as a laboratory and research center for teacher-training.

SPECIAL EDUCATION--LEGISLATION--CALIFORNIA

610. California. State Department of Education.

Laws and regulations relating to education and health services for exceptional children in California. Sacramento, The Dept., 1951. 53 p.

"...To assist every public agency extending and improving its services for exceptional children is the purpose of this publication. Part I...contains those laws and regulations from the state codes dealing with the education of the physically handicapped and mentally retarded minors. Part II contains those laws dealing with examinations of children who show evidences of impaired mental health. Part III contains those laws and regulations dealing with health services to physically handicapped minors. This publication includes those additions, amendments, and other changes resulting from the action of the 1951 regular session of the legislature."--Preface.

Distributed by the California Department of Education, Sacramento, Calif.

SPEECH CORRECTION--GREAT BRITAIN

611. Scotland. Scottish Education Department

Pupils handicapped by speech disorders, a report of the Advisory Council on Education in Scotland. Edinburgh, H. M. Stationery Off., 1951. 45 p.

In this report, part of a large survey by the Advisory Council on Education in Scotland, the problems of pupils with speech disorders are discussed. Chapters on the classification of speech disorders, incidence and causes, the needs of speech handicapped pupils, the outlook for these pupils (correction through surgery or training), and the provision of treatment, sum up the problem as a whole. Recommendations of the Council are indicated in the summary of the report. Statistical information on types of defects under treatment, age at onset of stuttering, distribution of intelligence in tested speech defectives, development of speech therapeutic services in Scotland, and speech therapeutic service as of May 1, 1950, is found in appendices. A selective bibliography concludes the book.

Available from British Information Services, 30 Rockefeller Plaza, New York 20, N. Y., at 40¢ a copy.

TUBERCULOSIS--BIBLIOGRAPHY

612. Illinois. Tuberculosis Institute of Chicago and Cook County

A brief bibliography of literature on social work as related to tuberculosis patients and ex-patients, prepared by E. F. Bamford. Chicago, The Institute, 1952. 6 p. Mimeo.

A bibliography of literature published within the past ten or twelve years. Those entries published since 1947 are designated as well as articles for which annotations are available. All entries were suggested by professionally trained social workers.

Available from the Tuberculosis Institute of Chicago and Cook County, 1412 W. Washington Blvd., Chicago 7, Illinois.

WALKING

613. Marks, Morton

Gait analysis of the hemiplegic patient. Pan Am. Med. Woman's J. Apr., 1952. 59:4:17-25, 33.

"The gaits of a series of hemiplegic patients were objectively investigated utilizing the force plate and stroboscopic techniques. An analysis of the records disclosed abnormalities of motor performances of a similar character in the nonparetic as well as the paretic lower extremity. This corroborates well with other clinical and physiologic observations showing bilateral impairment of motor function in the presence of unilateral brain disease. The short leg brace or a period of gait retraining did not significantly alter the patterns of abnormality observed."--Summary. "...The gait characteristics of 11 moderately spastic hemiplegics have been studied. In all the cases the disturbance was ascribed to antecedent vascular accidents in the distribution of the middle cerebral artery, 6 weeks to 3 years prior to the study....The results of the right hemiplegic were compared with those of the left hemiplegic. Control records were obtained from normal subjects....The youngest patient on whom we worked was 17 years of age."

WORKMEN'S COMPENSATION

614. Symons, Noel S.

Trends in compensation attitudes. Industrial Medicine and Surgery. May, 1952. 21:5:216-228.

The writer gives background material on the history and philosophy of workmen's compensation laws in general and some current attitudes, including those of labor and industry, toward such laws. Current legal developments in the field of occupational deafness illustrate viewpoints and attitudes in general toward compensation laws. The problem of industrial noise needs the integrated efforts of science, organized medicine, legislation, and insurance companies to overcome errors of human fallibility.

New Books Briefly Noted

DANCING

615. La Salle, Dorothy

Rhythms and dances for elementary schools. Revised. New York, A. S. Barnes & Co., c1951. 201 p. \$4.00.

A revision of a basic text used for more than twenty years in rhythmic programs in elementary schools for physically normal children. It presents a comprehensive collection of music fundamentals, music characterizations, singing games and folk dances, and contains 22 locomotor and axial skills, 19 music studies for dramatic characterization in movement, 25 familiar singing games, and about 60 folk dances. Explanations and detailed analyses are given for each of the 125 activities and the music provided for each is simplified to facilitate use. Diagrams of specific dance figures and a glossary of steps, terms of the dance and formations are included.

HANDICAPPED--BIOGRAPHY

616. Lotz, Philip Henry, ed.

Unused alibis. New York Association Press, 1951. 120 p. (Creative Personalities, Vol. 7) \$2.00.

Sixteen biographical sketches of well-known, little known, and unknown people handicapped socially or physically. That they have all risen above these handicaps, achieving serenity and living the full life, is the trait they share in common. Written by youth leaders and clergymen, these inspirational sketches will be of value to those counseling young people on making the most of life in spite of handicaps. Biographees

HANDICAPPED--BIOGRAPHY (continued)

include writers, teachers, educators, engineers, an artist, a social worker, a mother, a prison evangelist, a laboratory technician, and a folklore authority.

HOSPITALS--PERSONNEL

617. U. S. Employment Service

Job descriptions and organizational analysis for hospital and related health services. Washington, D. C., Govt. Print. Off., 1952. 532 p. \$2.00.

"This volume has been prepared by the United States Employment Service in cooperation with the American Hospital Association, primarily for the use of public employment offices and as a source of occupational information for hospital personnel administrators.

"Each job description has been compiled from a number of different sources and therefore describes the occupation in a generalized, composite form. Consequently, no description can be expected to coincide exactly with any specific job in a particular establishment or in a particular locality. To be of greatest usefulness, the descriptions should be supplemented by local information concerning the specific jobs in the community...." Useful in the problems of selection and placement, job and employee evaluation, training, better utilization of workers, and other within-organization personnel considerations. Material is arranged in divisions corresponding to the major hospital divisions of administration, professional care for the patient, and plant operation and maintenance. Actual job data are presented by departments within the major divisions. Various departments are described in narrative form ending with an organization chart. Descriptions of jobs in each department follow and are arranged in alphabetical order by job title.

MEDICAL SERVICE--FICTION

618. Hobart, Alice Tisdale

The serpent-wreathed staff. Indianapolis, Bobbs-Merrill Co., c1951. 402 p. \$3.50.

This is the story of the medical profession and its relation to society set against the background of the lives of two brothers, both orthopedic surgeons, and their families. Each differs radically in personality and approach to medical service; it is the conflict of established medicine against the encroachment of group medical plans and government health insurance. As with any issue, the emotional conflict it engenders gives rise to conflict within the families of both men and in their relationship to each other. Mrs. Hobart has created a dramatic story that emphasizes the changes in social patterns.

MULTIPLE SCLEROSIS--BIOGRAPHY

619. Jonez, Hinton D.

My fight to conquer multiple sclerosis, by Hinton D. Jonez, M. D., as told to Miriam Zeller Gross. New York, Julian Messner, c1952. 227 p. \$3.50.

Last year in a national woman's magazine appeared an article reporting the work of Dr. Jonez and the amazing successes credited to him in his treatment of patients at the Multiple Sclerosis Clinic of St. Joseph Hospital, Tacoma, Washington. This book in much greater detail tells Dr. Jonez's story about himself and his clinic. This account is written for the general reading public rather than for members of the medical profession interested in studying Dr. Jonez' medical results, based on the use of histamine. (See item #583.)

PHYSICAL EDUCATION

620. Carlquist, Maja

Balance and rhythm in exercise, by Maja Carlquist and Tora Amylong. Translated from the Swedish by Madeline Hamilton. New York, Viking Press, 1951. 144 p., illus. \$3.50.

Two series of carefully graded daily lesson plans for free activity training in the elementary school for physically normal children are presented here; drawings illustrate every exercise. Based on the modern Swedish program of physical education, its fundamental principle "...is to sharpen and train the fine sense of movement, to enable the children to relearn their natural way of moving...based on joy and freedom of movement....the child is called upon to think and to take initiative, to discipline himself and make sustained effort...." A brief review of the theory of modern physical education and practical suggestions for the instructor introduce the lesson plans.

PLAY THERAPY

621. Davis, John Eisele

Clinical applications of recreational therapy. Springfield, Ill., Charles C. Thomas, c1952. 118 p., illus. \$3.75.

"This monograph attempts to present a scientific conception of recreation as an adjunctive therapy being developed within the framework of modern psychiatric practice....The therapist through such activities attempts to bring about a better understanding of the individual, his problems, their meanings and how they can be enucleated or modified....Within the framework of this concept, recreational activities become far more than physical forms....The aim has been to discuss the concepts of recreation in its relationships to mental health, to explore some of the recent developments in medical science and method in which specific utilization of physical exercise and activities becomes a most important dynamic component of treatment...."--Foreword.

This is not a manual of the mechanics necessary for setting up the recreational plant and staff, but rather is designed to meet the need for a basic philosophy which recognizes the validity and effectiveness of planned and purposeful exercise and activity, as an integral part of medical practice. Of value to the physical educator, social service personnel, corrective therapist, manual art therapist, educational, occupational, and physical therapist. Bibliography.

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